FORM **HW-2** (REV. 1997)

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

CALENDAR YEAR

19**97**

(REV. 1997)		COPY A — For Hawaii State Ta	ax Collector
EMPLOYEE'S Name, Address, and ZIP code	Social Sec	curity Number:	
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not included in Tot	tal Wages
1997		\$	
\$	\$	(Indicate Nature of Payme	ent)
EMPLOYER'S Name, Address, & Hawaii Withhol	·	(indicate ridial e er r dyine	
			Instructions
		on r	everse side.
		l FC	ORM HW-2
	E OF HAWAII — DEPARTMENT OF TAX		
HW-2	MENT OF HAWAII INCOME TAX WI' AND WAGES PAID	ΓHHELD CALENDAR YEAR	19 97
(REV. 1997)	AND WAGEST AID	COPY A — For Hawaii State Ta	
EMPLOYEE'S Name, Address, and ZIP code	Social Sec	curity Number:	
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not included in Tot	tal Wages
1997		\$	
•			
\$	\$	(Indicate Nature of Payme	ent)
EMPLOYER'S Name, Address, & Hawaii Withhol	ding Identification Number	EMPLOYER: See	Instructions
			everse side.
		FC	ORM HW-2
STAT	E OF HAWAII — DEPARTMENT OF TAX	ATION	
FORM STATE	MENT OF HAWAII INCOME TAX WI		07
HW-2	AND WAGES PAID	YEAR	19 97
(REV. 1997)		COPY A — For Hawaii State Ta	ax Collector
EMPLOYEE'S Name, Address, and ZIP code	Social Sec	curity Number:	
		Corrected	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	Payments Not included in Tot	tal Wages
1997		\$	
\$	\$	(Indicate Nature of Payme	ent)
EMPLOYER'S Name, Address, & Hawaii Withhol	·	(a.sa.sa.a.s or . ayme	-1

See Instructions on reverse side.

EMPLOYER:

TO EMPLOYER:

- Prepare this form for each employee to whom wages have been paid.
- 2. Fill in
 - (a) The employee's name, address, ZIP code and social security number.
 - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
 - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "0"
 - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 10.)
 - (e) Your name, address, and Hawaii Withholding Identification Number.

- Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
- Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
- 5. For further information, see Booklet A Employer's Tax

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- For further information, see Booklet A Employer's Tax Guide.

FORM

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD

CALENDAR

HW-2	AND WAGES PAID	YEAR 19 97
(REV. 1997)	COPY E	B — To Be Filed With Employee's Tax Return
EMPLOYEE'S Name, Address, and ZIP code	Social Security	Number:
		Corrected
Total Wages (Before Payroll Deductions) 1997	Hawaii Income Tax Withheld	Payments Not included in Total Wages
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii Withhol	lding Identification Number	EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 1997. See reverse side of this copy & Copy C for Instructions.
		FORM HW-2
	TE OF HAWAII — DEPARTMENT OF TAXATION IMENT OF HAWAII INCOME TAX WITHH AND WAGES PAID	
EMPLOYEE'S Name, Address, and ZIP code	Social Security	
Total Wages (Before Payroll Deductions) 1997	Hawaii Income Tax Withheld	Corrected Payments Not included in Total Wages
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii Withhol	ding Identification Number	EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 1997. See reverse side of this copy & Copy C for Instructions.
		FORM HW-2
	TE OF HAWAII — DEPARTMENT OF TAXATION	
HW-2 (REV. 1997)	AND WAGES PAID	YEAR 19 97
EMPLOYEE'S Name, Address, and ZIP code	COPY B — To Be Filed With Employee's Tax Return Social Security Number:	
		Corrected
Total Wages (Before Payroll Deductions) 1997	Hawaii Income Tax Withheld	Payments Not included in Total Wages \$

EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number

(Indicate Nature of Payment) **EMPLOYEE**: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 1997. See reverse side of this copy & Copy C for Instructions. FORM HW-2

NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for 1997. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

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FORM HW-2

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD **AND WAGES PAID**

CALENDAR YEAR

19**97**

(REV. 1997)			COP	/ C — For Er	nployee's Record	sk
EMPLOYEE'S Name, Address, and ZIP code	S	Social Security Nun	nber:			
				Correcte	d	
Total Wages (Before Payroll Deductions) 1997	Hawaii Income Tax Withheld	F	Payments \$	Not included	in Total Wages	
\$	\$		(Indicat	e Nature of F	Payment)	
EMPLOYER'S Name, Address, & Hawaii Withho	lding Identification Number		EMPLOY your Haw	'EE : This is vaii Income T	your receipt for ax withheld.	
			DO NOT	LOSE THIS	STATEMENT.	
					FORM HW	-2
	TE OF HAWAII — DEPARTMENT EMENT OF HAWAII INCOME) C/	ALENDAR	•	
HW-2	AND WAGES PAID			EAR	19 9	_
(REV. 1997) EMPLOYEE'S Name, Address, and ZIP code	9	Social Security Nun		C — For Er	nployee's Record	ls
Elvir Eo i Ee o i varrio, Address, and Eir sode	Č	oolal Occurry Ivan	illoci.			
				Correcte	d	
Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	F			in Total Wages	
1997			\$			
\$	\$		(Indicat	e Nature of F	Payment)	
EMPLOYER'S Name, Address, & Hawaii Withho	lding Identification Number		EMPLOY	'EE: This is y	your receipt for	
			•		STATEMENT.	
					FORM HW	2
		ı			FORIVI FIVE	-2
	TE OF HAWAII — DEPARTMENT EMENT OF HAWAII INCOME) C/	ALENDAR		
HW-2	AND WAGES PAID			AR	19 9	7
(REV. 1997)				C — For Er	nployee's Record	sk
EMPLOYEE'S Name, Address, and ZIP code	S	Social Security Nun	nber:			
				Correcte		
Total Wages (Before Payroll Deductions) 1997	Hawaii Income Tax Withheld	F	Payments		in Total Wages	
\$	\$		(Indicat	e Nature of F	Payment)	
EMPLOYER'S Name, Address, & Hawaii Withho	· ·		EMPLOY		your receipt for	

FORM HW-2

DO NOT LOSE THIS STATEMENT.

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for the year 1997 required to be filed on or before April 20, 1998, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for the year 1997 required to be filed on or before April 20, 1998, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for the year 1997 required to be filed on or before April 20, 1998, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

FORM **HW-2** (REV. 1997)

STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID

CALENDAR YEAR

19**97**

FORM HW-2

COPY D — For Employer

Total Wages (Before Payroll Deductions) 1997 \$	EMPLOYEE'S Name, Address, and ZIP code Social Secu		Number:
Total Wages (Before Payroll Deductions) \$ EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID COPY D — For Employer EMPLOYER'S Name, Address, and ZIP code Social Security Number: Corrected Payments Not included in Total Wages COPY D — For Employer Corrected Payments Not included in Total Wages (Indicate Nature of Payment) EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID COPY D — For Employer EMPLOYER'S Name, Address, and ZIP code Social Security Number: CALENDAR YEAR 1997 COPY D — For Employer EMPLOYER'S Name, Address, and ZIP code Social Security Number: Total Wages (Before Payroll Deductions) Hawaii Income Tax Withheld Payments Not included in Total Wages Social Security Number: EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number			
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\$ (Indicate Nature of Payment) EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number FORM HW-2 STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID COPY D — For Employer EMPLOYEE'S Name, Address, and ZIP code Social Security Number: CALENDAR YEAR 1997 COPY D — For Employer COPY D — For Employer Copy D — For Employer Interpretable Social Security Number CALENDAR YEAR 1997 S	Total Wages (Before Payroll Deductions)	Hawaii Income Tax Withheld	
EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number STATE OF HAWAII — DEPARTMENT OF TAXATION FORM HW-2 AND WAGES PAID STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID COPY D — For Employer EMPLOYEE'S Name, Address, and ZIP code Social Security Number: COPY D — For Employer EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID COPY D — For Employer EMPLOYER'S Name, Address, and ZIP code Social Security Number: Total Wages (Before Payroll Deductions) Hawaii Income Tax Withheld Payments Not included in Total Wages STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID COPY D — For Employer EMPLOYER'S Name, Address, and ZIP code Social Security Number: Total Wages (Before Payroll Deductions) Hawaii Income Tax Withheld Payments Not included in Total Wages \$ (Indicate Nature of Payment) EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number	1997		\$
EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number STATE OF HAWAII — DEPARTMENT OF TAXATION FORM HW-2 AND WAGES PAID STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID COPY D — For Employer EMPLOYEE'S Name, Address, and ZIP code Social Security Number: COPY D — For Employer EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID COPY D — For Employer EMPLOYER'S Name, Address, and ZIP code Social Security Number: Total Wages (Before Payroll Deductions) Hawaii Income Tax Withheld Payments Not included in Total Wages STATE OF HAWAII — DEPARTMENT OF TAXATION STATEMENT OF HAWAII INCOME TAX WITHHELD AND WAGES PAID COPY D — For Employer EMPLOYER'S Name, Address, and ZIP code Social Security Number: Total Wages (Before Payroll Deductions) Hawaii Income Tax Withheld Payments Not included in Total Wages \$ (Indicate Nature of Payment) EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number	•		
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